2020 Iowa Board of Barbering License(s) Renewal

	Step 1 - Please write clearly and legibly
License Number	
Last Name, First Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
	Your email address is important! Renewal notifications will be emailed to the email address on file with the board at 60, 50, 40 and 30 days prior to the license expiration date.
Primary Phone	

Step Two - Check the license(s) are you renewing. Enter each license number.

License Practice Discipline	License #	Renewal fee on or before June 30	Renewal fee July 1 - July 30
Barber		\$60.00	\$120.00
☐ Barber Instructor		\$60.00	\$120.00

- Check or money order must be payable to the Iowa Barbering Board.
- Renew early to avoid a late fee or lapse in licensure. The board office strongly suggests the application and fee be postmarked on or before June 1.
- Allow four weeks to process the paper renewal. Once approved, a new set of licensure cards will be mailed to you.

Inactive License

A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose
license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a barber in Iowa until
the license is reactivated.

Iowa Law and Administrative Rules

To view the current Iowa Law and Administrative Rules online, go to http://idph.iowa.gov/Licensure/Iowa-Board-of-Barbering/Laws-and-Rules

<u>Step Three</u> - The following five questions must be answered. If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. **Since your last renewal have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime		
1 65	110			
		(other than minor traffic violations with fines under \$500)? If you have already reported this incident to the		
		licensing board you do not need to report it again.		
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed aga		
		you? If you have already reported this incident to the licensing board you do not need to report it again.		
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation		
		or action was instituted by this licensing board you may answer "NO" to this question.		
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization		
		related to your professional practice? If this licensing board took the disciplinary action, you may answer		
		"NO" to this question.		
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are		
		currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this		
		question.)		

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<u>Step Four</u> – Continuing Education. You must answer all six questions. Only one of the six questions can be answered yes.

- Continuing education requirements <u>must be completed prior</u> to renewing the license(s).
- The Iowa Board of Barbering Guidelines Related to Governor Reynold's Proclamations & COVID-19 states: Any Board rules that require you to complete any continuing education in-person are waived for the 2020 license renewal. All hours for this renewal may be completed online.

Yes	No	This is my first renewal after initial licensure; continuing education is not required.	
Yes	No	Renewing a Barber License: I have <u>completed</u> the required 3 continuing education hours of which	
		includes one hour in the content areas of Iowa barbering laws and administrative rules and	
		sanitation.	
Yes	No	Renewing a Barber and Instructor License: I have <u>completed</u> the required 4 hours in teaching	
		methodology in addition to meeting all continuing education requirements for renewal of the barber	
		license listed above.	
Yes	No	I am exempt from the continuing education requirements because I am licensed and reside in	
		another state or district. I have met all requirements of that state or district for practice	
Yes	No	I am exempt from the continuing education requirements because I have been granted an extension	
		of time to fulfill the continuing education requirements or I have been granted an exemption by the	
		board (due to a physical or mental disability or illness). My doctor and I have completed the	
		'Application for Continuing Education Extension/Exemption for Disability or Illness. The	
		application has been mailed to the board office and has been approved by the Board. I have or am in	
		the process of completing the requirements of my exemption.	
Yes	No	I am exempt from the continuing education requirements because I served honorably on active duty	
		in the military service during all or part of this continuing education biennium.	

Step Five – Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature	Date